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CONFIRMATION NO. 8140

<b>SERIAL NUMBER</b> 10/681,749	<b>FILING OR 371(c) DATE</b> 10/07/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 6750-0010 IT02-U05.US2
<b>APPLICANTS</b> Philipp Lang, Lexington, MA; Daniel Steines, Palo Alto, CA; Hacene Bouadi, Palo Alto, CA; David Miller, Palo Alto, CA; Barry J. Linder, Danville, CA; Cecily Anne Snyder, East Falmouth, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,601 10/07/2002 and claims benefit of 60/467,686 05/02/2003 <i>Y/D</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 12/31/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 44	<b>TOTAL CLAIMS</b> 90
<b>INDEPENDENT CLAIMS</b> 15				
<b>ADDRESS</b> 45081				
<b>TITLE</b> Minimally invasive joint implant with 3-Dimensional geometry matching the articular surfaces				
<b>FILING FEE RECEIVED</b> 2002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	